


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90166 022 ****50.00

DOCUMENT # L06000107062 1. Entity Name GENUINE CARE CHIROPRACTIC, LLC					
Principal Place of Business 1803 BOULEVARD STREET JACKSONVILLE, FL 32206 US			Mailing Address P O BOX 1711 YULEE, FL 32041 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent SMALL BUSINESS ASSOCIATES INC 4070 HERSCHEL ST JACKSONVILLE, FL 32210				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				4. FEI Number 20-5837745	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CABIGTING, RICHIE 1803 BOULEVARD ST JACKSONVILLE, FL 32206	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Richie Cabigting</u> 03/29/07 (904)236-4669 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					